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Bib Data Sheet

CONFIRMATION NO. 4998

<b>SERIAL NUMBER</b> 10/025,222	<b>FILING OR 371(c) DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> Q79015
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**APPLICANTS**  
 Jerry Pelletier, Baie-D'Urfe, CANADA;  
 Philippe Gros, St. Lambert, CANADA;  
 Michael DuBow, Montreal, CANADA; *Antony, France*  
 Dominique Bergeron, ~~Residence Not Provided~~; *Montreal, Canada*  
*DS* *3/16/07*

**\*\* CONTINUING DATA \*\*\*\*\***  
*DS* This appln claims benefit of 60/256,349 12/19/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE - DS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/14/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

**ADDRESS**  
23373

**TITLE** *Fragments and Variants of* *DS 3/16/07*  
~~Compositions and methods involving an essential Staphylococcus aureus gene and its encoded protein~~  
 STAAL-R9 *DNAG PRIMASE, AND USES THEREOF*

<b>FILING FEE RECEIVED</b> 1535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/256,349 12/19/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/14/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 47
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 14	
<b>ADDRESS</b> 23373				
<b>TITLE</b> Fragments and Variants of Staphylococcus aureus DNAG Primase, and uses thereof				
<b>FILING FEE RECEIVED</b> 1535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	